

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/914765	FILING DATE		
APPLICANT(S) Kristensen						9/27/04 CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.
1			/		/		51		
2			/		/		52		
3			/		/		53		
4			/		/		54		
5			/		/		55		
6			/		/		56		
7			/		/		57		
8			/		/		58		
9			/		/		59		
10			/		/		60		
11			/		/		61		
12			/		/		62		
13			/		/		63		
14			/		/		64		
15			/		/		65		
16			/		/		66		
17			/		/		67		
18			/		/		68		
19			/		/		69		
20			/		/		70		
21			/		/		71		
22			/		/		72		
23			/		/		73		
24			/		/		74		
25			/		/		75		
26			/		/		76		
27			/		/		77		
28			/		/		78		
29			/		/		79		
30			/		/		80		
31			/		/		81		
32			/		/		82		
33			/		/		83		
34			/		/		84		
35			/		/		85		
36			/		/		86		
37			/		/		87		
38			/		/		88		
39			/		/		89		
40			/		/		90		
41			/		/		91		
42			/		/		92		
43			/		/		93		
44			/		/		94		
45			/		/		95		
46			/		/		96		
47			/		/		97		
48			/		/		98		
49			/		/		99		
50			/		/		100		
TOTAL IND.			3		2		TOTAL IND.		
TOTAL DEP.			42		41		TOTAL DEP.		
TOTAL CLAIMS			44		43		TOTAL CLAIMS		